

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K87550 (5)

1. Corporation Name
EXACTMED, INC.

Principal Place of Business C/O C T CORPORATION SYSTEM 8751 WEST BROWARD BOULEVARD PLANTATION FL 33324	Mailing Address C/O CAMERON & MITTLEMAN 56 EXCHANGE TERRACE PROVIDENCE RI 02903 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/11/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1844543	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL J. KERVICK	1.2 NAME	
STREET ADDRESS	11 OLD COLONY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH S. DYNOF	2.2 NAME	
STREET ADDRESS	29 CREST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NO. KINGSTOWN RI	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERVICK, ROBERT B.	3.2 NAME	
STREET ADDRESS	29 WESTWOOD DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMONS, DEBORAH S.	4.2 NAME	
STREET ADDRESS	8 HAWTHORNE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLDEN MA	4.4 CITY-ST-ZIP	
TITLE	DVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, RAYMOND F., JR.	5.2 NAME	
STREET ADDRESS	162 A BULLARD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLDEN MA	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keisling, Paul	6.2 NAME	
STREET ADDRESS	465 Linden St	6.3 STREET ADDRESS	
CITY-ST-ZIP	Boston, MA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah S. Emmons* 2/25/98 508-853-4500

CR2E034 (10/97)